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Bib Data Sheet

CONFIRMATION NO. 1579

<b>SERIAL NUMBER</b> 10/811,338	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3775	<b>ATTORNEY DOCKET NO.</b> 1671-0298
<b>APPLICANTS</b> Adam Iredell Hayden, Fort Wayne, IN;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/18/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 36
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 27777				
<b>TITLE</b> NAVIGATED PIN PLACEMENT FOR ORTHOPAEDIC PROCEDURES				
<b>FILING FEE RECEIVED</b> 1444	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	